

RI Governor's Commission on Disabilities

Form B. Waiver of Accessibility of Leased or Rented Facilities for People with Disabilities Form

necessary.

| | | | |
|--|--------|--------|------|
| Department | | | |
| Current Address: | | | |
| | | | |
| | | | |
| Name of Department Contact Person: | | Title: | |
| Phone Numbers | Voice: | Fax: | TTY: |
| Address of the Proposed Site: | | | |
| | | | |
| | | | |
| <input checked="" type="checkbox"/> Lease To Be: <input type="checkbox"/> Renewed Or <input type="checkbox"/> New | | | |
| Name of Lessor's Representative: | | Title: | |
| Address: | | | |
| | | | |
| | | | |

| Department(S) That Will Occupy The Site: | Division(S) |
|--|-------------|
| | |
| | |
| | |

Description Of The Programs To Be Provided A Site In Question (In Detail)

[illegible]

RI Governor's Commission on Disabilities

| Description Of Accessibility Barriers For Which Waiver Is Requested | | Reason For Waiver Request | To Be Completed By The GCD: |
|---|----------------|-----------------------------------|-----------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| Alternative Sites Considered | | And Reasons For Rejection Of Each | |
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| | | | |
| | | | |
| Agency's Plan For Providing Program/Employment Accessibility (In Detail) | | | |
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| Requesting Official: | | | |
| | | | |
| Signature | Name And Title | | Date |
| Attach The State Building Commission's <u>Accessibility for People with Disabilities: Leased Building Inspection Report</u>, and return this completed form to: Governor's Commission on Disabilities 41 Cherry Dale Court Cranston, RI 02920-3049 | | | |

RI Governor's Commission on Disabilities

| | | | | | |
|--|--|------------------------|--|------------------------|--|
| <i>To be completed by the GCD</i> | | Waiver Request# | | Hearing Date | |
| Department | | | | Division/Unit | |
| Address of the Proposed Site: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Lease To Be: <input checked="" type="checkbox"/> Renewed Or <input type="checkbox"/> New | | | | | |
| Attending the Hearing Representing the: | | Name | | Title | |
| Address: | | | | | |
| Department (s): | | | | | |
| | | | | | |
| Lessor: | | | | | |
| State Building Commissioner | | | | | |
| Office Of Property Management | | | | | |
| Accessibility Committee Action: <input checked="" type="checkbox"/> | | | | | |
| <input type="checkbox"/> Approved As Requested | | | | | |
| <input type="checkbox"/> Approved With The Following Restrictions: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| <input type="checkbox"/> Rejected For The Following Reasons: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| On A Motion By | | | | And Seconded By | |
| Committee Members Concurring | | | | | |
| Committee Members Opposing | | | | | |
| Committee Members Abstaining | | | | | |
| | | | | | |
| Certified by the Chairperson, Accessibility Committee | | | | Date | |